DEPLARATION - UTILITY OR DESIGN PATENT APPLICATION (37 DR. 163)

As a below named inventor, I hereby declare that:

My Residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled PHARMACEUTICAL PREPARATION COMPRISING A RECEPTOR ANTAGONIST FOR THE TREATMENT OF BLOOD COAGULATION DISORDERS, the specification of which hereto

(check	[] is atta						
Number	[X] was filed on May 10, 2001 as Application Serial No.09/831,680 or PC1 international Application						
claims, as	I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.						
	acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.						
hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or Linventor's certificate, or 365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.							
Prior	Foreign	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO		
A1873/98 PCT/AT99	tion Nos. 9/00271	Austria PCT	11/10/1998 11/10/1999	0	- X - X		
hereby claim the bonefit under 35U.S.C. 119(e) of any United States provisional application(s) listed below. Application Number(s) Filing Date (MM/DD/YYYY)							
		<u> </u>	<u></u>				

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s) or 365 (c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filling date of the prior application and the national or PCT international filling date of this application:

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)



GT DRA 1.63)

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transaction all business in the Patent and Trademark Office connected therewith: Michael C. Schiffer, Reg. No. 30,215, Michael F. Fedrick, Reg. No. 36,799, C. Joseph Faraci, Reg. No. 32,350 and Janice Guthrie, Reg. No. 35,170.

Direct all correspondence to:

Michael E Fedrick
Baxter Healthcare Corporation
P.O. Box-15210
Irvine, CA 92623-5210
Telephone: (818) 550-4569
Facsimile: (949) 474-6330

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

, 27:	
Nam of Sole or First Inventor: Hans-Peter-Schwarz Inventor's signature: Dat: De.C. 7. 2001 R sidence: Schindlergasse 32 Vienna, Austria A-1180 Citizenship: Austrian Post Office Address: same	Name of Second joint Inventor: Peter Turecek Inventor's signature: Date: Peter Turecek Inventor's signature:
Inv ntor's signature: Dat : Residence: Freyung 6/6/9 Vienna, Austria A-1010 Citizenship: Austrian Post Office Address: same	





MONTAGUARRA TABITAR VIDIGAD ACT PTUATU - MONTARALIEID (CG) AND CC)

As a below named inventor, I hereby declare that:

My Residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled PHARMACEUTICAL PREPARATION COMPRISING A RECEPTOR ANTAGONIST FOR THE TREATMENT OF BLOOD COAGULATION DISORDERS, the specification of which hereto

hereby state that I have no calms, as amended by an acknowledge the duty to the hereby claim foreign prior niventor's certificate, or 36	eviewed and up amended of a month of a mendment disclose inforcative benefits ur 5(a) of any PC	on	above. I to patentability as define d) or 365(b) of any foreign	pecification, incl d in 37 CFR 1.5	luding the
acknowledge the duty to one of the high prior of the control of th	y amendment disclose inford lity benefits ur 5(a) of any PC	: specifically referred to mation which is material nder 35 U.S.C. 119(а)-(а	above. I to patentability as define d) or 365(b) of any foreign	d in 37 CFR 1.5	56.
h reby claim foreign prior ventor's certificate, or 36	ity benefits ur 5(a) of any PC	nder 35 U.S.C. 119(a)-(c	d) or 365(b) of any foreign	application(s)	for natent or
n reby claim foreign prior ventor's certificate, or 36	ity benefits ur 5(a) of any PC	nder 35 U.S.C. 119(a)-(c	d) or 365(b) of any foreign	application(s)	for natent or
refillors definicate, or 30:		1 der 35 U.S.C. 119(a)-(d CT International applicat	d) or 365(b) of any fore igr	application(s)	for patent or
ventors ceruncate, or an	D(B) OF MINY PL		non which doctonoiou et i	**** *** ***	
P Linited States of Ameri	on lieted bolo	or international applications and boxes also identified	ied below, by checking the	SAST OUR CONUIL	y other than
r patent or inventor's cer	tificate or of s	w and have also identifi any PCT international ar	pplication having a filing d	e box, any lore	gn application
plication on which priorit	y is claimed.	my , O / international ap	shireagon nearing a ming o	are before mat	or me
Prior Foreign Application Nos.	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Co	py Attached? NO
	etrla	11/10/1998			X
CT/AT09/00271 PC	CT C	11/10/1999	<u> </u>		X
					
nereby claim the benefit u	inder 35U.S.C	C. 119(e) of any United S	States provisional applica	tion(s) listed be	low.
Applicati	on Number(s)		Filing Date (MM/DD/YYYY)		
					

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s) or 365 (c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

U.S. Parent Application or PCT Parent Number	Parent Filing Data (MM/DD/YYYY)	Parent Patent Number (if applicable)



GT CFR (E3)

As a named inventor, I hereby appoint the following registered precitioner(s) to prosecute this application and to transaction all business in the Patent and Trademark Office connected therewith: Michael C. Schiffer, Reg. No. 30,215, Michael F. Fedrick, Reg. No. 36,799, C. Joseph Faraci, Reg. No. 32,350 and Janice Guthrie, Reg. No. 35,170.

Direct all correspondence to:

Michael F. Fedrlok
Bexter Healthcare Corporation
P.O. Box 15210
fraine, CA 92623-5210
Telephone: (818) 650-4569
Facsimile: (949) 474-6330

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: Hans-Peter Schwarz	Name of Second Joint Inventor, Peter Turecek	_
inventor's signature:	Inventor's signature:	
Date:	Date:	
Residence: Schindlergasse 32 Viennø, Austria A-1180	Residence: Weidling, Hauptstrause 59 g Klosterneuburg, Austria A-3400	
Citizenship: Austrian	Citizenship: Austrian	
Post Office Address: same	Post Office Address: same	
Name of Third Joint Inventor Bernd Binder Inventor's signature: Date: 0/ 03 000 Residence: Freyung 6/8/9 Vienna, Austria A-1010		
Citizenship: Austrian Post Office Address: same		